| AMF | AIGN CO | NTRIBU | TIONS AND EXP | ENSES REPORT | | | State of Nevada |
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| me (r | 1500 | . 77 | romas | Office (if applicable) | Rano | W | District (if applicable) |
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| | | | Due January 15, 2 | | | 1-10 | effices |
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| | The state of the s | | e June 1, 2010* | | | FI | |
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| | | | | ts/candidates in the I Filing if candidate | | | |
| | | | | | | | Cumulative From Beginning of |
| | | CON | TRIBUTIONS SUM | IMARY | | This Period | Report Period #1 through End of |
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| 1 | 1 Total Mone | tary Contrib | utions Received in Exc | ess of \$100 | | 431.08 | |
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| 2 | | | outions in the form of lo instruction sheet) | oans guaranteed by a thir | rd | | |
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| | | | ction sheet) | als that were longiver | Cumulative From | | 131. |
| | | | | This Period | Beginning of Report Period #1 | | |
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| | | | | | Period | | |
| 4 | Total Am Received | | netary Contributions | | | 72,00 | 731.08 |
| | (Add Lines | s 1 through | 3) (See page 2 of instructi | on sheet) | | 131. | /31. |
| 5 | | | n Commitments for mmilment is funded, report a | | | | |
| | contribution | (monetary or in of instruction | kind)) | | | | |
| 6 | . Total Valu | e of in Kind | Contributions Received | i in | | | |
| | Excess of | \$100 | (See page 2 of instruction | sheet) | | - | |
| | | | | EXPENSES S | UMMARY | | |
| | 7 Total II | otan C. | sees Daid in Evenes of I | 1100 | | 10111115 | 644! |
| - | The second second | Control of the Contro | nses Paid in Excess of S action sheet) | NO. | | 644. | 644 |
| 8 | | | Expenses in Excess | | | | |
| | 01 \$ 100 | (see page | 3 of instruction sheet) | | | | |
| | | | | AFFIRMA | TION | | |
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| ecla | re Under | Penalty o | f Perjury That the | Foregoing is True | and Correct. | | |
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| يا | so n | L | A 1 | 11 | | 3/30/0 | 010 |

PAGE 1 OF 5

Name (print) Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN | NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY | NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR |
|---|------------------------------|--------------------------------|--------------------------|--|--|
| Praig Cullinan | 5/4/2010 | 100- | | | |
| Tim Hopson | ate 4/ 18/201 | 1124 - | | | |
| Ann Schruke | 5/15/10 | 50- | | | |
| Dede Goodnight Liu woodehuch Reno NV 8951 | et 5/3/10 | 50- | | | |
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PAGE 2 OF 5

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | A |
| Expenses related to volunteers | В |
| Expenses related to travel | С |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | н |
| ** Goods and services provided in kind for which money would otherwise have been paid | 1 |
| Other miscellaneous expenses | J |

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

| CAMPAIGN | EXPENSES |
|-------------|---------------|
| CAMIL WATER | PART PROPERTY |

| | Report Period | # / | |
|---|---------------|-----|--|
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|--------------|------------------------------------|
| DAM | Meyen |
| Mama (print) | |

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 284A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| Signs of the Chen | D | पश्चि। | 463.07 |
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